

Sample Reservation Form

GUEST/GROUP NAME						RM# ASSIGN		TRAVEL AGENT/COMPANY NAME				
MR.								T.A/Co. NAME:				
MRS.												
MISS.								CALLER:				
MR.								TEL:				
MRS.								FAX:				
MISS.								E-MAIL:				
MR.								SPECIAL REQUEST/REMARKS				
MRS.												
MISS.								SMOKING:		YES	No	
RM TYPE		STK	STT	SUK	SUT	CLK	CLT	JUS	SIS	EXS	RS	RATE CODE:
SINGLE ROOM												
DOUBLE ROOM												MEAL PLAN:
VIP 1	VIP 2	VIP 3	VIP 4	VIP 5		UPGRADE			COMP/HU		REQUESTED BY	
CHECK IN: / /				TIME: -----				TRANSPORTATION				
CHECK OUT: / /				TIME: -----				SERVICE	TIME	FLIGHT#		
CONFIRMATION NO:								PICK UP				
PAYMENT METHOD:								DROP OFF				
RESERVATION TAKEN BY: DATE:												